

Establishing and strengthening health education programmes for mothers and fathers on fetal kick counts during antenatal care to reduce fetal morbidity and mortality rate in a district hospital

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INTRODUCTION & BACKGROUND

Antenatal care (ANC) is a careful, systematic assessment and follow-up of pregnant women that includes education, support, guidance, counseling, screening, and treatment to ensure reduction of fetal morbidity and mortality rate (Mohamed & Almal, 2015). One of the topics done in ANC at this hospital is the importance of monitoring fetal movements using fetal kick count chart. The fetal kick count is a valuable tool which reassures a mother of the health of the fetus (Delaram & Jafarzadeh, 2016). This is a district hospital that provides the first level of care yet it is unknown if parents understand and are using the kick count chart accurately.

PURPOSE

The purpose of this study was to describe the knowledge of pregnant mothers on fetal monitoring, use of fetal kick count chart and its importance on reducing fetal morbidity and mortality rate. The findings were used to develop and strengthen the content of a health education programme in ANC.

OBJECTIVES

- To determine the knowledge of mothers regarding monitoring fetal movements using fetal kick count chart its importance on reducing fetal morbidity and mortality rate.
- To develop and strengthen health education to fulfil the needs of pregnant mothers

METHOD

Activities

- A quantitative research survey design conducted in one of the Provincial Hospitals at a district on 60 pregnant women who are 14 weeks gestational age and above and 8 nurses working in antenatal care consenting participants was undertaken between May 2014 and July 2017.
- Focus group interviews were used to obtain information from the participants.

FINDINGS

The findings indicated that at this hospital most pregnant women regarded fetal monitoring as important. However, limited information on the importance of fetal monitoring and recording on the fetal kick count chart was displayed. Some women stated that they understood how fetal monitoring is done but it was difficult to feel the movements which made it difficult to record. The other challenge was that there are many foreign pregnant women who find it difficult to understand the language and there is usually no one to interpret for them. Few women did not have pens to record with, others recorded wrong and others did not record at all. Content on contextual health education for mothers on foetal movement monitoring was proposed. Peer education by other mothers and pamphlets with pictures was also proposed.

Figure 1 The extent of the language barrier problem

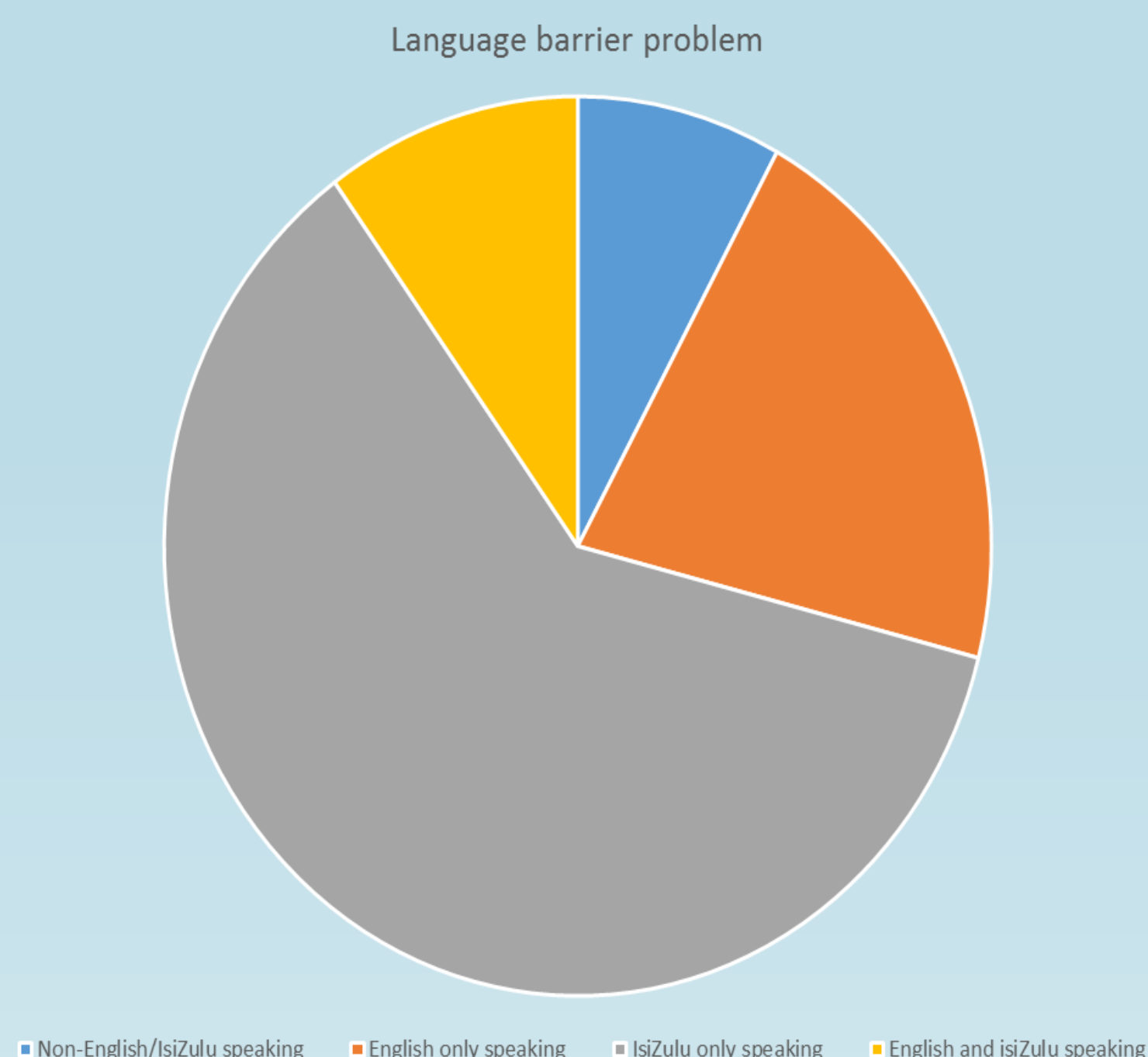
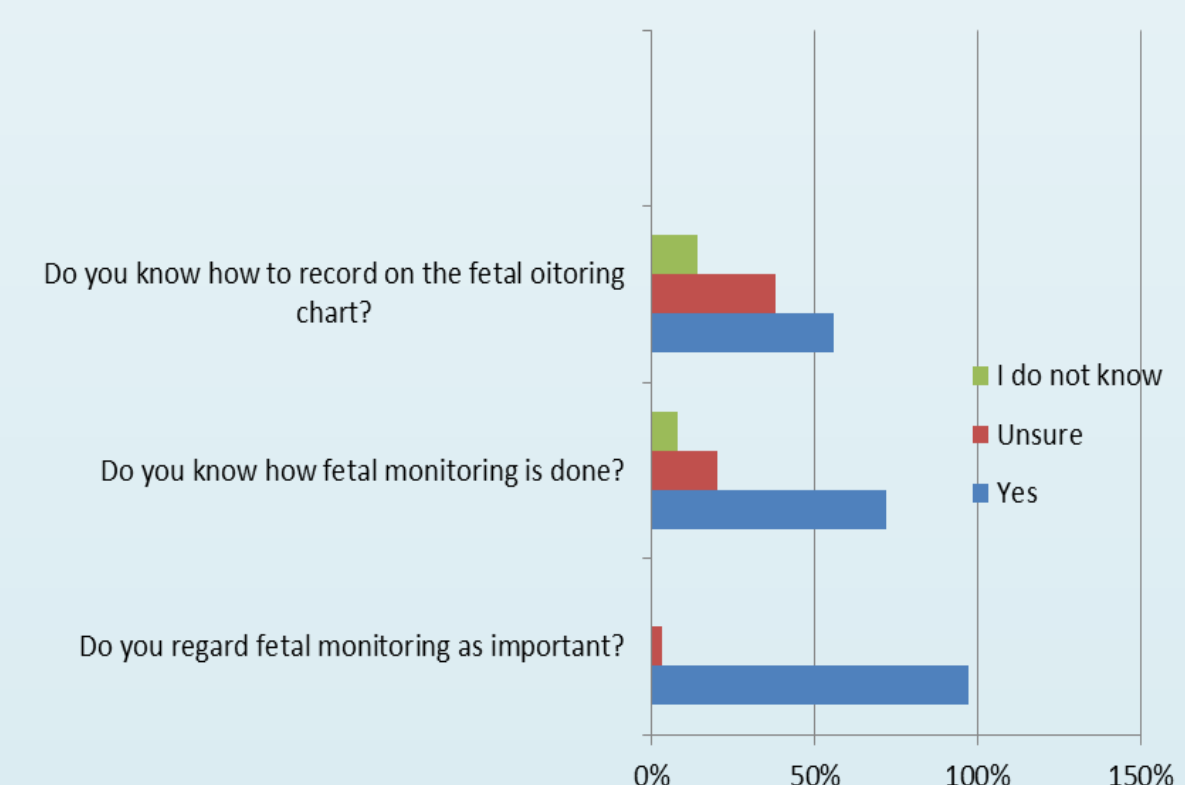


Figure 2 Responses of pregnant mothers when asked about fetal monitoring



DISCUSSION AND CONCLUSION

Pregnant women who attended ANC frequently confirmed that they are receiving information about fetal monitoring by the staff but unsure when they are alone at home. Women who did not attend ANC properly did not recall receiving this information and they did not know how fetal monitoring is done. There is room for improvement in this area of patient education where pregnant mothers who has knowledge will take part in teaching other mothers, demonstrations and encouraging fathers to accompany the mothers when attending ANC and involving them during health education. For the mothers who cannot communicate in isiZulu or English, they are encouraged to come with someone who will assist in their language.

RECOMMENDATIONS

Health education pamphlets on fetal kick counts and recording was one of the recommendations to assist mothers remember on how to monitor fetal kick counts at home. Health education programme is supported by (Mohamed & Almal, 2015) to stress the importance of some important aspects including fetal monitoring. Demonstration and practice on fetal monitoring and recording was also suggested by the mothers so that it will remember easily. Fathers are encouraged to attend so that they can encourage and assist the pregnant woman as well as interpret for those who do not understand. Bonding (father, mother, fetal) is also encouraged at this stage. Peer education is also recommended since they will understand better when it's performed and demonstrated by their peers. **Impact** A health education pioneer was selected in ANC who will be encouraging staff to give intense education and demonstrations where needed. The unit will have a health education register for quality purposes as proof that education is done daily Auditing by health education pioneers from other units will be done quarterly and this will encourage the staff to give proper health education.

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